

# WRITTEN MEDICAL REPORT FOR EMPLOYEE

EMPLOYEE NAME: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

## TYPE OF EXAMINATION:

☐ Initial examination                      ☐ Periodic examination                      ☐ Specialist examination

☐ Other: \_\_\_\_\_

## RESULTS OF MEDICAL EXAMINATION:

Physical Examination –                      ☐ Normal                      ☐ Abnormal (see below)                      ☐ Not performed

Chest X-Ray –                      ☐ Normal                      ☐ Abnormal (see below)                      ☐ Not performed

Breathing Test (Spirometry) –                      ☐ Normal                      ☐ Abnormal (see below)                      ☐ Not performed

Test for Tuberculosis –                      ☐ Normal                      ☐ Abnormal (see below)                      ☐ Not performed

Other: \_\_\_\_\_ ☐ Normal                      ☐ Abnormal (see below)                      ☐ Not performed

Results reported as abnormal: \_\_\_\_\_

☐ **Your health may be at increased risk from exposure to respirable crystalline silica due to the following:**

## RECOMMENDATIONS:

☐ No limitations on respirator use

☐ Recommended limitations on use of respirator: \_\_\_\_\_

☐ Recommended limitations on exposure to respirable crystalline silica: \_\_\_\_\_

Dates for recommended limitations, if applicable: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY                      MM/DD/YYYY

☐ **I recommend that you be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine**

☐ Other recommendations\*:

Your next periodic examination for silica exposure should be in: ☐ 3 years                      ☐ Other: \_\_\_\_\_  
MM/DD/YYYY

Examining Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Provider Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\*These findings may not be related to respirable crystalline silica exposure or may not be work-related, and therefore may not be covered by the employer. These findings may necessitate follow-up and treatment by your personal physician.

Respirable Crystalline Silica standard (§ 1910.1053 or 1926.1153)